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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875						Application or Docket Number 97389915	
CLAIMS AS FILED - PART I							
(Column 1)		(Column 2)		SMALL ENTITY		OR OTHER THAN SMALL ENTITY	
FOR	NUMBER FILED	NUMBER EXTRA		RATE	FEE		
BASIC FEE (37 CFR 1.16(a))					\$ _____	OR	
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =			X \$ _____ =		OR	X \$ _____ =
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =			X \$ _____ =		OR	X \$ _____ =
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				+ \$ _____ =		OR	+ \$ _____ =
				TOTAL		OR	TOTAL
<p>* If the difference in column 1 is less than zero, enter "0" in column 2.</p>							
CLAIMS AS AMENDED - PART II							
(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY	
CLAMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		OR OTHER THAN SMALL ENTITY	
Total (37 CFR 1.16(c))	Minus	**	"	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
Independent (37 CFR 1.16(b))	Minus	***	"	X \$ _____ =	X \$ _____ =	X \$ _____ =	X \$ _____ =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ \$ _____ =	TOTAL ADD'L FEE	+ \$ _____ =	TOTAL ADD'L FEE
				TOTAL ADD'L FEE		TOTAL ADD'L FEE	
(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY	
CLAMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		OR OTHER THAN SMALL ENTITY	
Total (37 CFR 1.16(c))	Minus	**	"	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
Independent (37 CFR 1.16(b))	Minus	***	"	X \$ _____ =	X \$ _____ =	X \$ _____ =	X \$ _____ =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ \$ _____ =	TOTAL ADD'L FEE	+ \$ _____ =	TOTAL ADD'L FEE
				TOTAL ADD'L FEE		TOTAL ADD'L FEE	
(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY	
CLAMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		OR OTHER THAN SMALL ENTITY	
Total (37 CFR 1.16(c))	Minus	**	"	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
Independent (37 CFR 1.16(b))	Minus	***	"	X \$ _____ =	X \$ _____ =	X \$ _____ =	X \$ _____ =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ \$ _____ =	TOTAL ADD'L FEE	+ \$ _____ =	TOTAL ADD'L FEE
				TOTAL ADD'L FEE		TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9189 and select option 2.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Lam et al.

Attorney Docket No.: APL1P193/P2369

Application No.: 09/389,915

Examiner: Chang, Yean Hsi

Filed: September 3, 1999

Group: 2835

Title: DISPLAY HOUSING FOR COMPUTING
DEVICE

Confirmation No. 6044

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being transmitted by facsimile to fax number 703-772-9306 to the U.S. Patent and Trademark Office on April 8, 2005.

Signed: 

Agent's Signature

AMENDMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

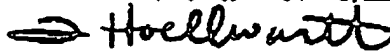
Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	69 70	MINUS	80	0	x 25 =	x 50 = 0
Independent Claims	12 13	MINUS	12	0 1	x 100 =	x 200 = 0 200
Multiple Dependent Claim Present and Fee Not Previously Paid					\$180.00	\$360.00
Total					\$	\$0

- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 500388.
- ☐ Enclosed is our Check No. _____ in the amount of \$_____ to cover the additional claim fee and/or extension of time fees.
- ☒ Please charge the required fees, or any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 500388 (Order No. APL1P193).

Respectfully submitted,
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